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FEE TRANSMITTAL

for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 765.00)

Complete if Known

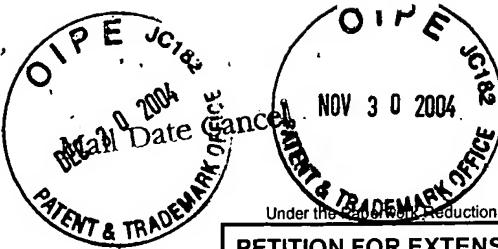
Application Number	10/026,420
Filing Date	December 18, 2001
First Named Inventor	Mike Levanduski
Examiner Name	S. Kaushal
Art Unit	1636
Attorney Docket No.	04172/000K523-US0

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)				
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Deposit Account	<input type="checkbox"/> None	2. EXTRA CLAIM FEES			
Deposit Account Number 04-0100				Fee Description	Fee (\$)	Small Entity Fee (\$)		
Deposit Account Name Darby & Darby P.C.				Each claim over 20	18	9		
				Each independent claim over 3	88	44		
				Multiple dependent claims	300	150		
				For Reissues, each claim over 20 and more than in the original patent	18	9		
				For Reissues, each independent claim more than in the original patent	88	44		
				Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
				- 20 or HP = $\frac{\text{Fee}}{\text{HP}} \times 20 =$			HP= highest number of total claims paid for, if greater than 20	
				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
				- 3 or HP = $\frac{\text{Fee}}{\text{HP}} \times 3 =$			HP= highest number of independent claims paid for, if greater than 3	
				Multiple Dependent Claims			Fee (\$)	Fee Paid (\$)
							Subtotal (2)	\$ 0.00
				3. OTHER FEES				
				Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid	
				1-month extension of time	110	55		
				2-month extension of time	430	215		
				3-month extension of time	980	490		
				4-month extension of time	1,530	765	765.00	
				5-month extension of time	2,080	1,040		
				Information disclosure stat. Fee	180	180		
				37 CFR 1.17(q) processing fee	50	50		
				Non-English specification	130	130		
				Notice of Appeal	340	170		
				Filing a brief in support of appeal	340	170		
				Request for oral hearing	300	150		
				Other:				
				Subtotal (3)			\$ 765.00	

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	48,008	Telephone (212) 527-7634
Name (Print/Type)	Irina E. Vainberg, Ph.D.		Date	November 30, 2004	

Express Mail Label No.

Dated: _____



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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 04172/000K523-US0
Application Number	10/026,420	Filed December 18, 2001
For PLURIPOTENT STEM CELLS DERIVED WITHOUT THE USE OF EMBRYOS OR FETAL TISSUES		
Art Unit	1636	Examiner S. Kaushal
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00
<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,008</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.		
 Signature		<u>November 30, 2004</u> Date
<u>Irina E. Vainberg, Ph.D.</u> Typed or printed name		<u>(212) 527-7634</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

12/02/2004 EAREGAY1 00000028 10026420

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Express Mail Label No. _____ Dated: _____